

Committee for Political Action (PAC) Registration Form

State of Nevada

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NRS 294A.230 requires committees for political action to register with the Secretary of State's Office prior to conducting any activity in the state. Nevada law also requires an amended registration form to be filed within thirty (30) days after any change in information on the original registration.

"Committee for Political Action" (NRS 294A.0055) is an organization which receives contributions, makes contributions to candidates or other persons or makes expenditures designed to affect the outcome of any primary, general or special election or question on the ballot. This does not include a committee for the recall of a public officer.

Print or type the following information; complete both sides of this registration form:

Check one:

☐ New registration

☒ Amended registration

FILED
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MAR 25 1992
DM
CHERYL LAU
SECRETARY OF STATE

NAME OF COMMITTEE: CALIFORNIA HOTEL POLITICAL ACTION COMMITTEE

Mailing Address:

2950 SOUTH INDUSTRIAL ROAD

LAS VEGAS, NV 89109-1100

(702) 792-7230

City

State

Zip

Telephone

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

RESIDENT AGENT: (Pursuant to NRS Chapter 294A, each committee for political action shall appoint and keep in this state a resident agent who must be a natural person who resides in this state.)

Name of Resident Agent: RICHARD A. DARNOLD

Mailing Address:

2950 SOUTH INDUSTRIAL ROAD

LAS VEGAS, NV 89109-1100

(702) 792-7230

City

State

Zip

Telephone

OFFICERS:

1. Name: RICHARD A. DARNOLD Title: TREASURER Telephone: (702) 792-7230

Address: 2950 SOUTH INDUSTRIAL ROAD City/State/Zip: LAS VEGAS, NV 89109-1100

1008

OFFICERS (continued):

2. Name: KEITH SMITH Title ASSISTANT TREASURER Telephone (702) 792-7216
Address: 2950 SOUTH INDUSTRIAL ROAD City/State/Zip LAS VEGAS, NV 89109-1100
3. Name: _____ Title _____ Telephone _____
Address: _____ City/State/Zip _____
4. Name: _____ Title: _____ Telephone: _____
Address: _____ City/State/Zip: _____
5. Name: _____ Title: _____ Telephone: _____
Address: _____ City/State/Zip: _____

AFFILIATION: (If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:

Address:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Submitted By:


Name RICHARD A. DARNOLD

MARCH 17, 1992
Date